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**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Idaho State code 56-207, 56-208, 56-209a.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION<sup>1</sup></b>	Department of Health and Welfare (State-administered through local offices of the State agency in communities).
<b>PASSALONG</b>	In compliance by the method of total expenditures.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided for every SSI recipient living in the arrangements under "Payment Levels." Persons living in the household of another are included under the living independently standard; State supplement is increased to offset the reduced Federal payment. Blind and disabled children are eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	Husband and wife, and parents and minor children mutually.
<b>INCOME DISREGARDS</b>	All recipients: First \$20 per month of any income including SSI and first \$65 plus one-half remainder of earned income per month.  Disabled: Plus, for up to 36 months, other income and resources needed to achieve approved plan for self-support.  Blind: Plus other income and resources needed to achieve approved plan for self-support.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.

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<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PLACE OF APPLICATION** Local offices of State Department of Health and Welfare.

**FUNDING** Assistance: State funds.  
Administration: State funds.

**INTERIM ASSISTANCE** State does not participate.

## **PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State<sup>3</sup></u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>

### **January 1996**

Living independently or with others <sup>4</sup>	\$507.00	\$714.00	\$37.00	\$9.00
Living with essential person	714.00	N/A	9.00	N/A
Room and board facility <sup>5</sup>	542.00	N/A	72.00	N/A
Adult residential care home/ Adult foster care home <sup>5</sup>				
Level I	720.00	N/A	250.00	N/A
Level II	773.00	N/A	303.00	N/A
Level III	823.00	N/A	353.00	N/A
Semi-independent group residential facility <sup>5</sup>	605.00	N/A	135.00	N/A

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> State provides an additional income disregard of \$20 per month of any income including SSI.

<sup>4</sup> Combined Federal/State payment level also applies to persons living in the household of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

<sup>5</sup> Couples in these living arrangements are treated as individuals the month after they leave an independent living arrangement.

**PAYMENT LEVELS (CON.)<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State<sup>3</sup></u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
<b>July 1996</b>					
	Living independently or with others <sup>4</sup>	\$518.00	\$720.00	\$48.00	\$15.00
	Living with essential person	720.00	N/A	15.00	N/A
	Room and board facility <sup>5</sup>	553.00	N/A	83.00	N/A
	Adult residential care home/ Adult foster care home <sup>5</sup>				
	Level I	831.00	N/A	361.00	N/A
	Level II	898.00	N/A	428.00	N/A
	Level III	966.00	N/A	496.00	N/A
	Semi-independent group residential facility <sup>5</sup>	616.00	N/A	146.00	N/A

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Department of Health and Welfare.

**SPECIAL NEED****CIRCUMSTANCES:****RESTAURANT**

Eating out allowance of up to \$50 per month if physically unable to prepare meals.

**MEALS****MAINTENANCE**

Allowance for care and maintenance of guide dog of up to \$17 per month.

**FOR GUIDE DOG****ROOM AND****BOARD**

Allowance of \$50 for an individual who lives with a relative and does not pay for room and board. If not for the relative, this individual would have to live in a nonindependent arrangement.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.